

39° Torneo Mini Rugby "Città di Treviso"
6-7 Maggio 2017

REGISTRATION FORM

To be considered valid, the registration form (**fully completed**) must be sent by fax (+39-0422-324339) to the Tournament Organisers' Office by **14 April 2017**, accompanied by a copy of a bank draft for the full sum made out to the

Benetton Rugby Treviso Srl SSD
IBAN: IT88Z0533612033000040326844
presso : FRIULADRIA CREDIT AGRICOL BIC: BPPNIT2P187

fee is not paid, enrolment in the Tournament is not guaranteed.

LOCAL REGIONAL COMMITTEE: _____

CLUB : _____

Head office: : _____ Province _____

Road : _____ No. _____

Tel. : _____ Fax _____

E-mail : _____

VAT reg. no. : _____

Contact : _____ Mobile _____

CATEGORIES UNDER 6 UNDER 8 UNDER 10 UNDER 12 UNDER 14 M. UNDER 14 F.

State the number
of teams to be
registered in each
category

Manager

of category

(surname and name) (surname and name) (surname and name) (surname and name) (surname and name) (surname and name)

OBLIGATORY

(mobile) (mobile) (mobile) (mobile) (mobile) (mobile)

Contact while playing away (for communications during the Rugby tournament)

Mr. : _____

Tel. : _____ Mobile _____

Trainer Referee (U. 6, 8, 10 and 12 – 14F. cat. only) Mr.: _____

IMPORTANT NOTE: During the tournament, there could be some shootings by televisions and photographic or journalistic agency. This registration implies the automatic agreement from the club and each parent to allow these shootings even for under age players both during games and rest moments in the tournament. This registration form with its signature has to be taken as acquittance.

Date _____

Signature and stamp of club _____